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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/880,218 06/12/2001 PAT 6,679,851
 which is a CIP of 09/146,185 09/01/1998 PAT 6,540,693
 and is a CIP of 09/159,467 09/23/1998 PAT 6,261,241
 and is a CIP of 09/356,187 07/16/1999 PAT 6,312,429
 and is a CIP of 09/477,255 01/04/2000 PAT 6,471,700
 and is a CIP of 09/727,112 11/29/2000 PAT 6,638,234

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	26	30	4
Examiner's Signature: <i>MA</i> Initials: <i>MON</i>				

ADDRESS

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TITLE

Tissue accessing and anchoring device and method

<p>FILING FEE RECEIVED 518</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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